

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: see Overview of Kentucky's State performance Plan Development Process document.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: EFFECTIVE GENERAL SUPERVISION PART C / CHILD FIND

Indicator 5 – Percent of infants and toddlers birth to 1 with IFSPs compared to: A. Other States with similar eligibility definitions; and B. National Data (20 USC 1416(a)(3)(B) and 1442)

Measurement:

A. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.

B. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to National data.

Overview of Issue/Description of System or Process:

The outcome measurement system for Kentucky includes:

1. Policies and procedures to guide child find activities
2. Provision of training and technical assistance supports to Point of Entry Staff in conducting child find activities, data collection, reporting and use
3. Quality assurance monitoring procedures to ensure the accuracy of the child find data
4. Data system elements for child find data input and maintenance, and child find data analysis functions

Each of these is described below:

1. Policies and procedures to guide child find activities

Child find efforts in Kentucky are primarily the responsibility of the Point of Entry (POE) staff in each of the fifteen (15) strategically located districts across the state. Joining the POE staff in these efforts are such entities as the District Early Intervention Committees (DEICs), statewide Technical Assistance Teams, central office staff, and various community partners.

The POE child find responsibility is specified in Section 1 (2) of 911 KAR 2:110 – Kentucky Early Intervention Program Point of Entry. This section states the POE staff "shall coordinate child find efforts with other state and federal programs serving this population, including maternal and child health programs, early and periodic screening, diagnosis, and treatment programs, Head Start, Supplemental Security Income Program, and programs authorized through the developmental disabilities assistance and Bill of Rights Act". Section 1(3) of the same regulation states that, "The POE staff shall develop a child-find activity plan to be constructed in each district that includes: (a) Completing a minimum of two (2) face-to-face contacts per month to potential referral sources in the district to explain First Steps services."

The child-find activity plan is constructed in collaboration with the District Early Intervention Committee (DEIC) established per statutory requirement in KRS Title XVII, chapter 200.662 in each of the fifteen (15) service districts. These committees are comprised of fifteen (15) to twenty-five (25) members of whom at least five (5) are parents, at least five (5) are early intervention service providers and of at least one representative from each of the following: the local health department, the local office of the Department for Community Based Services, the local community mental health and mental retardation center, and the local Commission for Handicapped Children (in Kentucky this agency is called The Commission for Children with Special Health Care Needs). Representatives from such entities as a child day-care facility, a public school, a provider of medical services, a provider of therapy services, a home health agency, a university or college, a family resource center, a local business, a local charity, or others deemed appropriate may also be members.

All members of each DEIC and the agencies they represent work in collaboration with the POEs to plan and carry out the various child find activities. They make referrals, share information about First Steps with contacts within and outside their agencies, and in an advisory capacity, assist in the development and execution of a district child find activities plan. Child find activities are reported by the POE staff monthly to the local DEIC and to the administration on the aforementioned POE report. These activities include providing information to hospital personnel, physicians, nurses, therapists, social workers, child care providers, parents, educators, students, and the general public. In addition, First Steps information is provided to members of civic organizations, support groups, homeless shelters, spouse abuse shelters, social service groups, health departments, school systems, head start programs, refugee assistance programs, migrant programs, and numerous charitable organizations. Methods for disseminating this information include face-to-face contacts, public speaking engagements, public service announcements on local television and radio stations, setting up booths at local events such as back to school events, various fairs (i.e., baby fairs, volunteer fairs, family fairs), public events, expos, fundraisers, and professional conferences, and distribution of informational brochures, flyers, and posters in a variety of public locations (e.g., courthouses and other public buildings, donor centers, large retail stores, groceries, schools, universities, shelters, refugee assistance centers). As child find activities are reported to and reviewed by DEICs at regularly scheduled meetings, suggestions may be made as to additional locations and methods for use in disseminating First Steps information in that particular district.

The DEICs also support child find efforts in the various districts through the purchase of marketing materials and brochures for distribution at the various events mentioned above. Additionally, DEIC members periodically participate in child find activities with or on behalf of the POE staff. Members of the Technical Assistance Teams serving the state also assist with these efforts as time allows.

All of the activities mentioned above are aimed at identifying children who might benefit from First Steps services and at informing families and others about the services available and the route for accessing them. Most of the efforts previously mentioned would be aimed at the entire population of children aged birth to three (3) years of age – thus including the birth to one (1) year population. However, some of the child find activities are specific to the birth to one (1) year population. These activities include: face-to-face meetings with obstetricians, pediatricians, midwives, nurses, staff in neonatal hospital units, personnel working with Kentucky Universal Newborn Hearing Screening Program, and programs such as the HANDS (a home visitation program), personnel working with the Kentucky Birth Surveillance Registry (KBSR) and other programs which provide assistance and education to families with infants. In addition, personnel with such programs as Visually Impaired Services (VIPS), Kentucky School for the Deaf, Kentucky's Deaf/Blind Project, and other specialized programs are provided with frequent updates and information regarding the First Steps Program to ensure that early and appropriate referrals are made.

At the state level, partnering agencies are involved with the central office staff in the review and revision of First Steps regulations and in program planning. This involvement not only provides needed input to ensure the effectiveness of our child find and service delivery systems, but also offers

yet another avenue for disseminating information about our program to the various programs across the state from which referrals to First Steps are generated.

Kentucky's multifaceted approach to child find allows for both district-focused and state-focused efforts. While the percentage of children aged birth to one (1) year who received early intervention services in Kentucky was somewhat below the national rate, it compared favorably with other states having comparable eligibility requirements. In addition, during the period for which this data was gathered, Kentucky had a regulation in place which required children with Established Risk conditions to exhibit a delay in order to receive therapeutic intervention services (KAR 911 2:120 Section 1(5)(b)2(a)). While those children could be enrolled to receive Service Coordination only, a majority of families chose not to enroll at all. Since most of the children referred prior to age one (1) are typically those with Established Risk conditions, this would have adversely affected the percentages during the time this regulation was in place. This regulation was eliminated via an emergency regulation filed on July 1, 2004. The emergency regulation became an ordinary regulation in January, 2005. It is anticipated that this change will result in an improvement in the enrollment numbers for children under age one (1) in subsequent years.

2. Provision of training and technical assistance supports to Point of Entry Staff in conducting child find activities, data collection, reporting and use

Kentucky's Point of Entry Staff receive, as a part of their initial training, education on the regulations, policies, and procedures governing child find activities as well as on the completion of reports from which data is gathered. As reports and data are analyzed, the POE staff receives direction and suggestions from First Steps Technical Assistance teams, First Steps Administrative Staff, and DEIC membership about how to best address areas where referrals may be low or in decline. The POE staff receives ongoing training in methods and techniques to ensure efficient and pervasive child find efforts in each district of the state. This training is provided by the POE Coordinator and other administrative staff at the quarterly POE meetings and by Technical Assistance Team staff during one-on-one sessions as well as during quarterly service coordinator meetings which POE staff attends.

3. Quality assurance monitoring procedures to ensure the accuracy of the child find data

The POE Coordinator monitors monthly POE reports to assure that the required child find activities are completed in each district. These reports are also reviewed by DEIC members and by technical assistance teams. These reviews, while confirming that the required number of child find activities are completed in each district, primarily assure that these efforts are being directed to the most appropriate and needed areas. Since the demographics of each district can vary greatly, there is a need for individualization of child find efforts based on these differences. A multi-level monitoring of the child find efforts helps to ensure that these differences are addressed.

4. Data system elements for child find data input and maintenance and child find data analysis functions

Data on child find efforts is reported in each district POE monthly report. As previously stated, this report is shared with and analyzed by each DEIC, the First Steps POE Coordinator, regional technical assistance teams and administrative staff. In addition, data on each child entering Kentucky's First Steps Program is reported by the POE staff on forms submitted to the Central Billing and Information Systems (CBIS). Data entry personnel at CBIS manually enter the data into fields which will capture the data and from which data reports can be generated.

Since 2000, Kentucky's population of children with IFSPs birth to 1 has been declining (see figure 1). This is partly due to regulations introduced in 2002 that required children with established risk conditions to show a developmental delay to receive therapeutic services. Children with established risk conditions who did not yet show a delay received service coordination only. Since it is primarily children with established risk conditions that enter the program before age 1, this had the effect of reducing the number of children who entered the program early, and has since been repealed.

Baseline Data for FFY 2004 (2004-2005) and Discussion:

Indicator 5: Percent of Infants/Toddlers Birth-1 with IFSPs

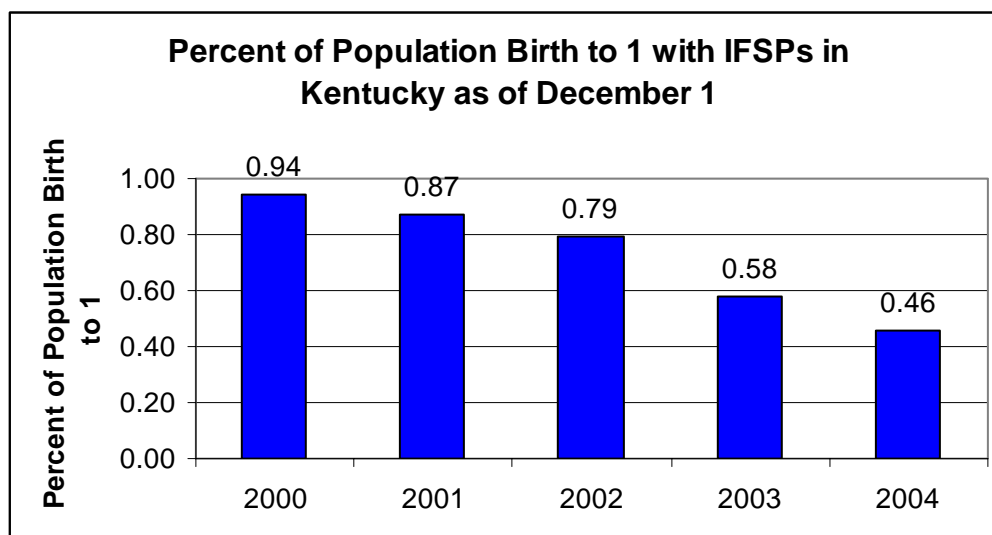


Figure 1

Kentucky's 2003 rate of 0.58 percent of children served between the ages of birth to 1 is lower than the national average of 0.97 percent (see figure 2). Compared to states with similar eligibility requirements, only Oregon, South Carolina and Georgia have lower rates of children in this age category.

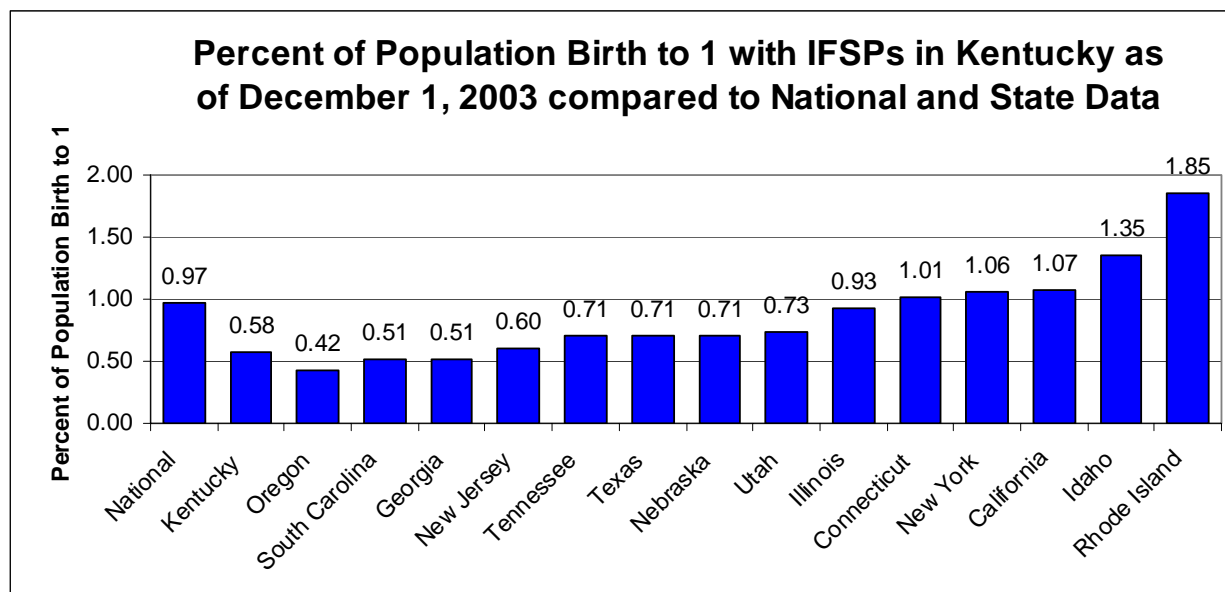


Figure 2

Across the districts of Kentucky, there is considerable variation as to the percentage of the birth to 1 population served as of the December 1, 2004 child count (see figure 3). Overall, Kentucky served .46% of the birth to 1 population in FY 2004. Purchase, Green River, Kentuckiana, Buffalo Trace, Kentucky River, Cumberland Valley and Lake Cumberland all exceeded the state average. However all other districts did not exceed .58%. Only one district, Buffalo Trace managed to exceed the national average of .97% (2003 data).

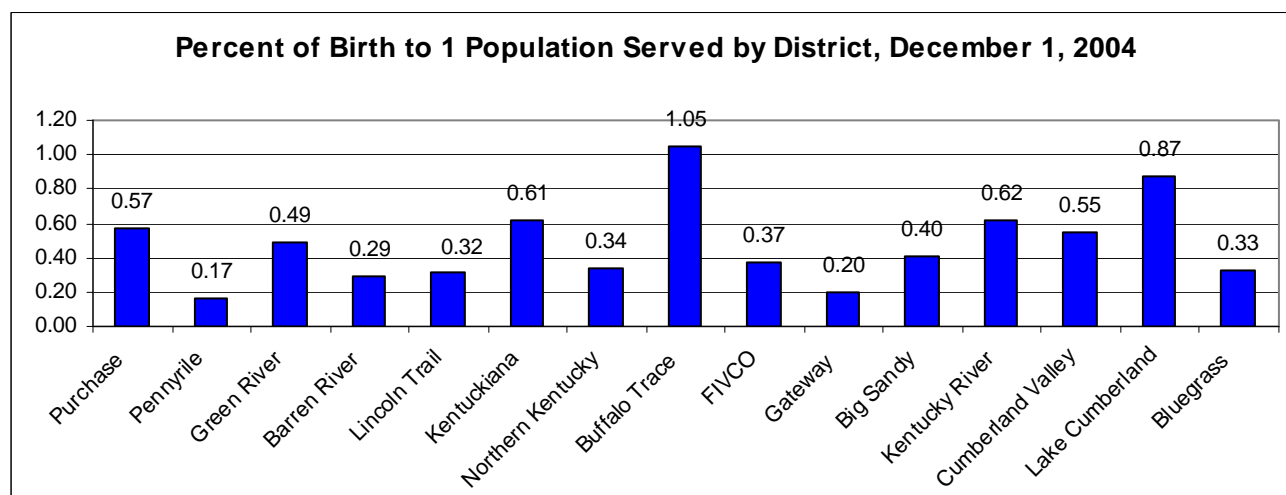


Figure 3

Discussion of Baseline Data: Discussion included in Data Representations above.

Measurable and Rigorous Target selection: Kentucky has chosen to increase the rate of identification of children ages birth – one (1) by .05% per year. This represents approximately 27 additional eligible children per year and will result in an identification of .96% by 2010. Using this target will allow Kentucky to exceed its highest level of identification (in 2000 = .94%) and to approximate the National rate of identification (in 2003 = .97%)

FFY	Measurable and Rigorous Target
2005 (2005-2006)	. 51 % of infants and toddlers aged birth to 1 in Kentucky will have IFSPs.
2006 (2006-2007)	.56 % of infants and toddlers aged birth to 1 in Kentucky will have IFSPs.
2007 (2007-2008)	.66 % of infants and toddlers aged birth to 1 in Kentucky will have IFSPs.
2008 (2008-2009)	.76 % of infants and toddlers aged birth to 1 in Kentucky will have IFSPs.
2009 (2009-2010)	.86 % of infants and toddlers aged birth to 1 in Kentucky will have IFSPs.
2010 (2010-2011)	.96 % of infants and toddlers aged birth to 1 in Kentucky will have IFSPs.

Improvement Activities/Timelines/Resources:

IMPROVEMENT ACTIVITY	TIMELINE	RESOURCES
1. Revise and renew the memorandum of agreement with Head Start/Early Head Start which addresses mutual referral policies.	December 2005	Part C Coordinator
2. Meet with Neonatal Follow-up programs and discuss strategies to increase referrals from those programs.	January 2006	Part C Coordinator; Technical Assistance Teams

SPP Template – Part C (3)

KENTUCKY

State

3. Train Point of Entry Staff on the importance of early identification and enrollment in First Steps and identify strategies to improve identification Birth – 1 for each individual Point of Entry site.	February 2006	Point of Entry Coordinator; Part C Coordinator
4. Target child find visits to educate Kentucky Pediatricians about the eligibility requirements for First Steps and the referral process.	July 2006 – June 2007	Point of Entry Staff
5. Develop a communication & referral process for newborns identified by the Expanded Newborn Metabolic Screening Program and the Kentucky Birth Surveillance Registry (KBSR) in Kentucky.	July 2006 – June 2007	Part C Coordinator; Point of Entry Coordinator; Kentucky Early Childhood Transition Project
6. Increase child find efforts in foster care settings.	July 2007 – June 2008	Point of Entry Staff
7. Increase child find efforts in Family Resource Centers and with Early Childhood Councils.	July 2007 – June 2008	Point of Entry Staff
8. Improve the communication & referral process for newborns identified by the Kentucky Universal Newborn Hearing Screening Program (UNHS) in Kentucky.	July 2006 – June 2007	Part C Coordinator; Point of Entry Coordinator; Kentucky Early Childhood Transition Project, UNHS Coordinator at Commission for Children with Special Health Care Needs.
9. Investigate establishment of eligibility pathways for children with the following conditions: medically fragile, social communication delay/autism spectrum, deaf/blind, and extreme prematurity.	July 2007 – June 2008	Part C Coordinator; Point of Entry Coordinator; and a workgroup; Evaluation Coordinator
10. Investigate the possibility of a seven domain rather than a five domain system for eligibility as this will likely result in greater eligibility for the areas of motor and communication delays.	July 2007 – June 2008	Evaluation Coordinator and a workgroup
11. Investigate repeating the epidemiology study done in 1995 in Kentucky to predict the estimated incidence of developmental delay in the state.	July 2008 – June 2009	Part C Coordinator; Central Billing and Information System